

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041041

1. Entity Name

SORIMAR COMPUTERS CORP.

FILED

03 MAR 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4440 NW 79TH AVE

3. Mailing Address

4440 NW 79TH AVE

Suite, Apt. #, etc.

1E

Suite, Apt. #, etc.

1E

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTINEZ, ROSA

Street Address (P.O. Box Number is Not Acceptable)

4440 NW 79TH AVE

APT 1E

City

MIAMI

FL

Zip Code

33166

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

MARTINEZ, ROSA

4440 NW 79TH AVE SUITE 1E

MIAMI FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

03/19/03 01070-001 **150.00

100014379521

03/19/03 01070-001 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

SORIANO, JOSE

4440 NW 79TH AVE SUITE 1E

MIAMI FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100014379521

03/19/03 01070-002 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

SORIANO, JAMIER

4440 NW 79TH AVE SUITE 1E

MIAMI FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa Martinez ROSA MARTINEZ

03-11-03 (305) 418 4927

Date

Daytime Phone #

CR2E034B (12/01)